

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-470)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
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47		/				
48		/				
49	/					
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61		/				
62	/					
63		/				
64		/				
65	/					
66		/				
67		/				
68		/				
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91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	18					
TOTAL DEP.		51				
TOTAL	69					